

SERVICE DELIVERY QUESTIONNAIRE

INITIAL AWARDS

| | | | | | |
|----------------|-------|------------------|-------|-----------------|----------------|
| SSN | _____ | LAST NAME | _____ | REGION | _____ |
| STUDY NUMBER | _____ | FO CODE | _____ | EXCLUSION | _____ |
| RESPONDENT | _____ | | | | |
| INTERVIEW DATE | _____ | INTERVIEW METHOD | _____ | INTERVIEW BEGAN | ____:____:____ |
| | | | | INTERVIEW ENDED | ____:____:____ |

KNOWLEDGE OF SOCIAL SECURITY BENEFITS

1. How did you know or learn that you could apply for Social Security benefits?

(Do not read responses. Circle up to five responses.)

- | | |
|---------------------------------------|----------------------|
| A. Senior citizens organization | H. Employer/union |
| B. Relatives/friends | I. School |
| C. Attorney | J. Church |
| D. Professional disability consultant | K. Media |
| E. Advocacy group | L. SSA information |
| F. Social services agency | M. Common knowledge |
| G. Health care provider | X. Does not remember |
| | Z. Other |

(Go to 2)

INITIAL CONTACT

2. How did you first make contact with Social Security regarding the possibility of filing a claim?

(Circle only one response.)

- | | |
|--|--|
| A. Called SSA's 800 telephone number | F. SSA representative made contact (e.g., claim was filed because of a referral from one program to another within the field office) |
| B. Called your local SSA office | G. Wrote to SSA |
| C. Visited the SSA office/contact station | X. Does not remember |
| D. Met with SSA representative at community center, hospital, or other public location | Z. Other (Specify in Remarks) |
| E. Had someone else, such as a relative or friend, make the contact | |

(Go to 3)

BENEFIT ESTIMATES

Complete questions 3 and 4 if the person is age 60 or over and the claim was for retirement, aged spouse's, or widow(er)'s benefits. Otherwise, go to question 5.

3. Did you get an estimate of your benefit amount from Social Security before the day you filed for benefits?

- Y. Yes (Go to 3a)

- N. No (Go to 3d)
- X. Does not remember (Go to 5)

3a. How far in advance of filing was the most recent benefit estimate obtained?

(Circle only one response.)

- | | |
|---|----------------------|
| A. Less than 2 months | D. Over 1 year |
| B. Over 2 months but less than 6 months | X. Does not remember |
| C. Over 6 months but less than 1 year | |

(Go to 3b)

3b. Is this the only benefit estimate you've ever requested?

- Y. Yes
N. No
X. Does not remember

(Go to 3c)

Complete question 3c if the respondent is the wage earner. Otherwise, go to question 4.

3c. Did you ever review Social Security's record of your earnings before you filed for benefits?

- Y. Yes (Go to 3c1)
N. No (Go to 4)
X. Does not remember (Go to 4)

3c1. If you noticed that something was wrong with your earnings record, what did you do?

(Circle only one response.)

- | | |
|---|---|
| A. SSA's records were correct | E. Wrote a letter to SSA (did not include evidence) |
| B. Called SSA | F. Did not do anything |
| C. Visited the SSA office | X. Does not remember |
| D. Mailed evidence of correct earnings to SSA | |

(Go to 4)

3d. Did you know that you could have requested an estimate of what your benefit would be before you filed?

- Y. Yes (Go to 3d1)
N. No (Go to 3d2)

3d1. Why didn't you get one?

(Do not read responses. Circle up to five responses.)

- | | |
|--|--|
| A. Not concerned about benefit amount; | D. Received estimate from employer, other outside source |
| not a factor in decision to file | |
| B. Filed on the spur of the moment | Z. Other (Specify in Remarks) |
| C. Planned to; never got around to it | |

(Go to 4)

3d2. Would you have requested a benefit estimate if you had known it was available?

- Y. Yes
N. No

(Go to 4)

4. Did you feel that you had enough information about what your benefit amount would be before you actually applied for benefits?

- Y. Yes (Go to 5)
- N. No (Go to 4a)
- X. Does not remember (Go to 5)

4a. Why not? (Record in Remarks)

INTERVIEW METHOD

5. Did the interview for completing your application take place:

(Circle only one response.)

- A. In person - visited office/contact station (Go to 5a)
- B. In person - Social Security representative visited (at home, hospital) (Go to 5a)
- C. By telephone (Go to 6)
- D. No application interview took place (application submitted by mail; no personal contact with SSA) (Go to 30)
- X. Does not remember (Go to 6)

5a. Were you aware that you could have filed an application over the phone?

- Y. Yes (Go to 5a1)
- N. No (go to 6)

5a1. Why did you choose not to use the telephone to file?

(Do not read responses. Circle up to five responses.)

- | | |
|-----------------------------------|---------------------------------|
| A. Like face-to-face contact | E. Hearing impairment |
| B. Did not want to mail documents | F. Complexity of forms, process |
| C. Office convenient; walked in | G. SSA requested |
| D. Language barrier | Z. Other (Specify in Remarks) |

(Go to 6)

APPOINTMENTS

6. Did you schedule an appointment with Social Security to file your application?

- Y. Yes (Go to 6a)
- N. No (Go to 6d)
- X. Does not remember (go to 7)

6a. How long did you have to wait for an appointment?

(Circle only one response.)

- | | |
|---------------------------|---------------------------|
| A. Less than 1 week | D. 3 to less than 4 weeks |
| B. 1 to less than 2 weeks | E. 4 weeks or more |
| C. 2 to less than 3 weeks | X. Does not remember |

(Go to 6b)

6b. How satisfied were you with how soon you got an appointment?

(Read the Rating Scale)

- A. Satisfied
- B. Neither satisfied nor dissatisfied
- C. Dissatisfied

(Go to 6c)

6c. Was your appointment kept on the scheduled day and time?

- Y. Yes (Go to 6e)
- N. No (Go to 6c1)
- X. Does not remember (Go to 6e)

6c1. What happened?

(Circle only one response.)

- A. You decided to come in before the scheduled day
- B. SSA contacted you before the scheduled day
- C. You postponed to another day
- D. SSA postponed to another day
- E. SSA was ___ hours ___ minutes late for the interview
- F. You were ___ hours ___ minutes late for the interview

Note: If the respondent does not remember how late the interview was, enter 9 for hours and 99 for minutes.

(Go to 6e)

6d. Were you aware that you could have scheduled an appointment to complete your application?

- Y. Yes (Go to 6d1)
- N. No (Go to 6e)

6d1. Why didn't you schedule an appointment?

(Do not read responses. Circle up to five responses.)

- A. Walked in - "spur of the moment"
- B. Didn't want to wait for appointment
- C. Didn't want to commit to particular time
- D. No particular reason
- Z. Other (Specify in Remarks)

(Go to 6e)

6e. Would you prefer an appointment in the future?

- Y. Yes (Go to 6e1)
- N. No (Go to 6e2)

Ask the respondent to fill in the blank in the statement below (6e1). Show all time periods in days (i.e., enter 7 for 1 week, 14 for 2 weeks), etc.

6e1. Good service would mean having to wait no more than ___ ___ days to get an appointment.

6e2. Why wouldn't you use an appointment in the future?

(Record in Remarks)

Complete question 7 if the respondent did not have an appointment for the interview, or does not remember having an appointment (question 6 is "N" or "X"). Otherwise, go to question 8.

WAITING TIME

7. On the day you applied for benefits, from the time you walked into the office, about how long did you wait to see the person who helped you with your application form?

___ hours ___ minutes

7a. How long was your wait compared to what you expected?

(Read the Rating Scale)

- A. Much shorter than expected
- B. Shorter than expected
- C. About as expected
- D. Longer than expected
- E. Much longer than expected

(Go to 7b)

7b. How long did you expect to wait?

____hours ____minutes

(Go to 7c)

Ask the respondent to fill in the blank in the statement below (7c).

7c. Good service would mean waiting no longer than ____hours ____minutes to see the interviewer.

(Go to 8)

Note: If the respondent has no opinion or does not remember, enter 9 for hours and 99 for minutes.

CONCURRENT CLAIMS

Complete question 8 if the applicant filed for title II benefits in conjunction with a title XVI claim (or vice versa). For title II only or title XVI only disability cases which required a medical decision, go to question 9. For all other title II cases, go to question 10. For all other title XVI cases, go to question 11.

8. Did you file your applications for Social Security and SSI benefits on the same day?

- Y. Yes (Go to 8a)
- N. No (Go to 8b)
- X. Does not remember (Go to 9)

8a. Did the same person help you complete both application forms?

- Y. Yes (Go to 9)
- N. No (Go to 8a1)
- X. Does not remember (Go to 9)

8a1. How long did you have to wait in between interviews?

____hours ____minutes

Note: If the respondent does not remember, enter 9 for hours and 99 for minutes. If the respondent did not wait between interviews, enter 0 for hours and 00 for minutes.

(Go to 8b)

8b. Did having two separate interviews to complete the application forms cause a problem for you?

- Y. Yes (Go to 8b1)
- N. No (Go to 9)
- X. Does not remember (Go to 9)

8b1. What was the problem(s)?

(Do not read responses. Circle up to five responses.)

- A. Had to wait between interviews (same day)
- B. Had to file second claim on a different day
- C. Had to repeat the same information
- D. Had to move to different desk; caused physical discomfort
- Z. Other (Specify in Remarks)

(Go to 8b2)

8b2. How could Social Security have handled your interview better?

(Record in Remarks)

(Go to 9)

FORM SSA-3368/SSA-3820

9. Before your interview, did Social Security send or give you a form to fill out yourself with medical information, such as your doctors' names and addresses, dates of hospitalization, and details of your condition?

- Y. Yes (Go to 9a)
- N. No (Go to 10)
- X. Does not remember (Go to 10)

9a. Were you able to fill out the whole form by yourself?

- Y. Yes (Go to 10)
- N. No (Go to 9a1)
- X. Does not remember (Go to 10)

9a1. Who helped you?

(Circle up to five responses.)

- | | |
|---------------------------------------|-------------------------------|
| A. SSA representative | F. Social services agency |
| B. Relatives/friends | G. Health care provider |
| C. Attorney | H. Employer/union |
| D. Professional disability consultant | X. Does not remember |
| E. Advocacy group | Z. Other (Specify in Remarks) |

(Go to 9a2)

9a2. What was hard about completing the form?

(Do not read responses. Circle up to five responses.)

- A. Difficulty understanding the questions
- B. Difficulty obtaining necessary information (e.g., doctors' addresses)
- C. Difficulty recalling information (e.g., dates of hospitalization, work history)
- D. Non-English speaking
- E. Form was too long
- F. Format too complicated
- Z. Other (Specify in Remarks)

(Go to 10)

EARNINGS RECORDS

Complete question 10 for all title II wage earners and for other title II beneficiaries for whom an earnings record review was required by POMS. For all others, go to question 11.

10. When you filed for benefits, did the interviewer discuss Social Security's records of your (the wage earner's) earnings with you?

- Y. Yes (Go to 10a)
- N. No (Go to 11)
- X. Does not remember (Go to 11)

10a. Did you find that the earnings record was correct?

- Y. Yes (Go to 10b)
- N. No (Go to 10a1)
- X. Does not remember (Go to 11)

10a1. What was wrong?

(Do not read responses. Circle up to five responses.)

- A. Lag earnings not posted
- B. Prior earnings not posted
- C. Some posted earnings belonged to someone else
- D. Amount posted was incorrect
- X. Does not remember
- Z. Other (Specify in Remarks)

(Go to 10a2)

10a2. Did the interviewer discuss with you what would be done to correct the earnings record?

- Y. Yes
- N. No
- X. Does not remember

(Go to 10a3)

10a3. Did you feel that you received good service from Social Security in resolving the earnings record problem?

- Y. Yes (Go to 10b)
- N. No (Go to 10a4)

10a4. What do you feel Social Security could have done to give you better service?

(Record in Remarks)

(Go to 10b)

10b. Was there any other information about the earnings that you would have found helpful?

- Y. Yes (Go to 10b1)
- N. No (Go to 11)
- X. Does not remember (Go to 11)

10b1. What other information would you have wanted?

(Record in Remarks)

(Go to 11)

CLARITY OF INTERVIEWER'S EXPLANATIONS

11. How clearly did the interviewer who completed your application explain what you needed to do for your claim and what would happen next, for instance what documents you had to submit?

(Read the Rating Scale)

- A. Clearly
- B. Somewhat clearly
- C. Not clearly
- D. Did not explain
- E. Does not remember

(Go to 12)

12. Did the interviewer tell you about how long it would take Social Security to process your claim?

- Y. Yes (Go to 12a)
- N. No (Go to 13)
- X. Does not remember (Go to 13)

- 12a. Was the actual length of time shorter, longer, or just about what the interviewer estimated?

(Circle only one response.)

- A. Shorter
- B. Longer
- C. Just about as estimated
- X. Does not remember

(Go to 13)

REPORTING RESPONSIBILITIES

13. How clearly did the interviewer explain what changes you need to report to Social Security, for example, if you go to work or your earnings change?

(Read the Rating Scale)

- A. Clearly
- B. Somewhat clearly
- C. Not clearly
- D. Did not explain
- E. Does not remember

(Go to 14)

14. Were you provided with a copy of written instructions on reporting changes to Social Security?

- Y. Yes
- N. No
- X. Does not remember

(Go to 15)

LANGUAGE ISSUES

15. Do you usually speak a language other than English?

- Y. Yes (Go to 15a)
- N. No (Go to 16)

15a. What language do you usually speak?

(Circle only one response.)

- | | |
|------------------------------------|-------------------------------|
| A. Spanish | I. Cambodian |
| B. Russian | J. Polish |
| C. Vietnamese | K. Hindi/Indian languages |
| D. Korean | L. Laotian/Thai |
| E. Chinese | M. Hmong |
| F. Tagalog (Filipino) | N. French/Creole/Haitian |
| G. Arabic/Middle Eastern languages | O. Greek |
| H. Italian | Z. Other (Specify in Remarks) |

(Go to 15b)

15b. Do you read [that language]?

- Y. Yes
N. No

(Go to 15c)

15c. Were you able to get along in English by yourself during your interview with Social Security?

- Y. Yes (Go to 15c1)
N. No (Go to 15c3)

15c1. Even though you were able to get along in English, did you feel you had any special problems

because of language?

- Y. Yes (Go to 15c2)
N. No (Go to 16)
X. Does not remember (Go to 16)

15c2. What were they?

(Record in Remarks)

(Go to 16)

15c3. Did you have your own interpreter with you to help with your interview?

- A. Yes-Brought own interpreter (Go to 15c4)
B. No-SSA provided interpreter (Go to 16)
C. No-SSA employee spoke the language (Go to 16)
X. Does not remember (Go to 16)

15c4. Who was your interpreter?

(Circle only one response.)

- | | |
|----------------------------------|-------------------------------|
| A. Relative/friend over age 16 | E. Professional interpreter |
| B. Relative/friend under age 16 | F. Advocacy group |
| C. Social services agency | X. Does not remember |
| D. Church/religious organization | Z. Other (Specify in Remarks) |

(Go to 16)

16. Are you hearing impaired?

- Y. Yes (Go to 16a)
N. No (Go to 17)

16a. How was your interview conducted?

(Circle only one response.)

- A. You got along by yourself-read lips, wrote notes
- B. You brought your own signer
- C. SSA employee signed
- D. SSA provided non-employee signer
- E. Used TDD-text telephone (e.g., with Relay Service)
- X. Does not remember
- Z. Other (Specify in Remarks)

(Go to 17)

HELP REQUIRED-NON-SSA ASSISTANCE

17. Did you need help from someone not employed by Social Security to assist you in filing for benefits for any reason ~~other than language~~ (or hearing impairment)?

- Y. Yes (Go to 17a)
- N. No (Go to 18)
- X. Does not remember (Go to 18)

17a. Who helped you?

(Circle up to five responses.)

- | | |
|---------------------------------------|-------------------------------|
| A. Senior citizens organization | H. Employer/union |
| B. Relatives/friends | I. School |
| C. Attorney | J. Church |
| D. Professional disability consultant | X. Does not remember |
| E. Advocacy group | Z. Other (Specify in Remarks) |
| F. Social services agency | |
| G. Health care provider | |

(Go to 17b)

17b. Why did you need help?

(Do not read responses. Circle up to five responses.)

- | | |
|---|---|
| A. Physical limitations (e.g., blindness) | E. Personal preference |
| B. Communication problems | F. SSA policies confusing, hard to understand |
| (e.g., speech impediment) | Z. Other (Specify in Remarks) |
| C. Educational limitations | |
| D. Transportation problems | |

(Go to 18)

RECONTACTS

18. After the day of your interview, did you have another ~~telephone or in-person~~ contact with Social Security before you got your first check or letter telling you that you would be receiving benefits? (For example, did they ask you for additional information or did you have questions?)

- Y. Yes (Go to 18a)
- N. No (Go to 19)
- X. Does not remember (Go to 19)

Note: Do not consider documents or forms submitted by mail as a result of the initial interview as a recontact; e.g., teleclaims that were returned by mail.

18a. How many more times were you in touch with Social Security?

--- ---

Note: Show 1 recontact if the respondent knows he had another contact but does not remember how many.

(Go to 18b)

18b. For each recontact, ask the following three questions and enter the responses in the corresponding column using the codes under the column. (Up to five reason codes may be shown for a recontact; only one initiation and one completion code should be recorded per recontact.)

| | What was the reason? | Did you contact Social Security or did they contact you? | How did you complete the contact? |
|-------------|----------------------|--|-----------------------------------|
| Recontact 1 | a. _____ | b. _____ | c. _____ |
| Recontact 2 | a. _____ | b. _____ | c. _____ |
| Recontact 3 | a. _____ | b. _____ | c. _____ |
| Recontact 4 | a. _____ | b. _____ | c. _____ |
| Recontact 5 | a. _____ | b. _____ | c. _____ |

Reason Codes

Initiation Codes

Completion Codes

| | |
|---------------------------------------|----------------------|
| A. Submitted application completed by | |
| A. telephone (or at previous visit) | B. Telephone |
| B. Submitted non-medical evidence | B. Visit |
| C. Updated application after medical | Mail |
| X. decision made | Does not remember |
| D. Needed further information | X. Does not remember |
| E. Reported change in circumstances | |
| F. Requested claim status | |
| G. Filed appeal | |
| H. Submitted medical evidence | |
| I. Had medical examination | |
| X. Does not remember | |
| Z. Other (Specify in Remarks) | |

A. SSA telephoned you
SSA wrote you
C. SSA visited you
D. You contacted SSA

Note: Completion code must be 'B' (Visit) when reason code 'A' (submitted application) applies.

(Go to 19)

APPLICATION PROCESS

19. Was there anything about your experience filing for benefits that confused you?

- Y. Yes (Go to 19a)
N. No (Go to 20)
X. Does not remember (Go to 20)

19a. What was confusing?

(Record in Remarks)

(Go to 20)

PREFERENCE FOR FUTURE BUSINESS

20. If you ever file another application, would you prefer to visit the office, telephone the local office, or telephone the 800 number?

(Circle only one response.)

- A. Visit office
- B. Telephone local office
- C. Telephone 800 number

(Go to 21)

21. If you had other business to conduct, such as reporting a change of address or obtaining information, how would you prefer to contact Social Security?

(Do not read responses. Circle only one response.)

- | | |
|---------------------------|----------------------------------|
| A. Visit office | E. Write |
| B. Telephone local office | F. Depends on reason for contact |
| C. Telephone 800 number | Z. Other (Specify in Remarks) |
| D. Third party contact | |

Complete question 22 if the person would prefer to visit the office to file a claim or to conduct other future business.

Complete question 23 if the person prefers the local telephone over the 800 number for either type of contact. Otherwise, go to question 24.

PREFERS VISITING FO

22. Why would you prefer to conduct your business by visiting the office?

(Do not read responses. Circle up to five responses.)

- | | |
|---|--|
| A. Faster service | G. Don't want to mail document |
| B. More accurate service | H. Want receipt for transaction |
| C. Prefer face-to-face | I. Easier to understand SSA policies (complex transaction) |
| D. Language barrier | J. Can't get through on the telephone |
| E. Communication problem (e.g., deafness) | Z. Other (Specify in Remarks) |
| F. No telephone | |

PREFERS CALLING FO

23. Why do you prefer to telephone the local office rather than the 800 number?

(Do not read responses. Circle up to five responses.)

- | | |
|---|---|
| A. Faster service | F. Hard to understand 800 number employees because of regional dialect/accent |
| B. More accurate processing of actions | G. Can't get through on the 800 number (busy signals) |
| C. Know the employees at the local office | H. Kept on hold on the 800 number |
| D. Local office has the papers on the case | Z. Other (Specify in Remarks) |
| E. Local office more knowledgeable about SSA policies | |

UNDERSTANDING NOTICES

24. Generally, how easy or hard have the letters you received from Social Security about your benefits been to understand?

(Read the Rating Scale)

- A. Very easy to understand (Go to 27)
- B. Easy to understand (Go to 27)
- C. Neither easy nor hard to understand (Go to 27)
- D. Hard to understand (Go to 25)
- E. Very hard to understand (Go to 25)
- F. Did not read letter (Go to 27)
- X. Does not remember receiving letter (Go to 27)

In addition to asking questions 25 and 26, ask the person the title of the notice(s) he had trouble with and record it in

Remarks as well as any pertinent comments.

25. What made the letter(s) hard to understand?

(Do not read responses. Circle up to five responses.)

- | | |
|---|--|
| A. Subject is hard to understand | F. Format |
| B. Words are too difficult to understand | G. Written in English; prefer foreign language |
| C. Not clearly written; points not clearly made | H. Handwritten; at least partly illegible |
| D. Too lengthy | X. Does not remember |
| E. Print size or quality | Z. Other (Specify in Remarks) |

(Go to 26)

26. Did you contact Social Security or ask someone else to help you understand the letter(s)?

- A. No (Go to 27)
B. Contacted SSA (Go to 27)
C. Contacted someone else (Go to 26a)
X. Does not remember (Go to 27)

Note: If applicable, both codes B and C may be circled.

26a. Who?

(Circle up to five responses.)

- | | |
|---------------------------------------|-------------------------------|
| A. Senior citizens organization | H. Employer/union |
| B. Relatives/friends | I. School |
| C. Attorney | J. Church |
| D. Professional disability consultant | X. Does not remember |
| E. Advocacy group | Z. Other (Specify in Remarks) |
| F. Social services agency | |
| G. Health care provider | |

DIRECT DEPOSIT

Ask questions 27 - 30 only if the beneficiary does not have direct deposit. Otherwise, go to question 31.

27. When you filed for benefits, why did you choose to receive a paper check instead of having your benefits directly deposited to your bank account?

(Do not read responses. Circle up to five responses.)

- | | |
|--|---|
| A. No bank account | F. Might cause problems getting claim processed |
| B. Prefer paper checks | G. Unaware - direct deposit never offered |
| C. Wanted to see first check | X. Does not remember |
| D. Safer to get paper check | Z. Other (Specify in Remarks) |
| E. Confused about how direct deposit works | |

Ask question 27a if the answer(s) to question 27 includes "prefer paper checks."

27a. Why do you prefer paper checks? (Record in Remarks)

Complete question 27b if the answer to question 27 is other than "no bank account." Otherwise, go to 28.

27b. Do you have a bank account?

- Y. Yes
- N. No

(Go to 28)

28. Do you usually pay a fee for cashing your check?

- Y. Yes (Go to 28a)
- N. No (Go to 28)

28a. How much do you usually pay?

\$__ __. __ __

Note: Enter money amounts in dollar and cents format (\$\$.cc); if the respondent does not remember,

enter \$99.99.

(Go to 29)

29. Were the advantages of direct deposit ever explained to you?

- Y. Yes
- N. No
- X. Does not remember

(Go to 30)

30. Are you interested in changing to direct deposit?

- Y. Yes
- N. No
- U. Undecided

(Go to 31)

OVERALL RATING

31. Overall, how would rate the service that Social Security has given you?

(Read the Rating Scale)

- A. Very Good
- B. Good
- C. Fair
- D. Poor
- E. Very Poor

(Go to 32)

RATING ASPECTS OF SERVICE

32. Now I would like you to rate Social Security's performance in several specific areas of service using the following scales:

- A. Very good
- B. Good
- C. Fair
- D. Poor
- E. Very poor
- F. No opinion/not applicable
- X. Does not remember

Note: Rotate the order in which the following items are read.

- 32a. The amount of time you had to wait to be served in the office

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32a1.

- 32a1. Why did you rate waiting time as _____ (fill in response)?

(Record in Remarks)

- 32b. The courtesy of the Social Security employees you dealt with.

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32b1.

- 32b1. Why did you rate the courtesy of the employees as _____ (fill in response)?

(Record in Remarks)

- 32c. How knowledgeable the Social Security employees were (i.e., their expertise).

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32c1.

- 32c1. Why did you rate the knowledge of the employees as _____ (fill in response)?

(Record in Remarks)

- 32d. The amount of assistance the Social Security employees gave you (i.e., how helpful they were).

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32d1.

- 32d1. Why did you rate the assistance provided by the employees as _____ (fill in response)?

(Record in Remarks)

- 32e. The overall amount of time it took Social Security to process your claim.

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32e1.

32e1. Why did you rate the time it took Social Security to process your claim as _____ (fill in response)?

(Record in Remarks)

32f. The convenience (e.g., the availability of parking and/or public transportation) of the Social Security office location that you visited (or that handled your claim if filed by telephone)

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32f1.

32f1. Why did you rate the Social Security office location as _____ (fill in response)?

(Record in Remarks)

32g. The hours that the Social Security office was open.

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32g1.

32g1. Why did you rate Social Security's office hours as _____ (fill in response)?

(Record in Remarks)

32h. The Social Security office itself (e.g., the physical appearance, privacy, etc.)

A. B. C. D. E. F. X.

If the rating was fair, poor or very poor (C, D, or E), ask question 32h1.

32h1. Why did you rate the appearance of the Social Security office as _____ (fill in response)?

(Record in Remarks)

(Go to 33)

RANKING ASPECTS OF SERVICE

33. Some aspects of Social Security's service may be more important to you than others. I would like you to tell me the two aspects of service that are the most important to you and the two that are least important.

Read the entire list of aspects of service to the respondent. (Rotate the order in which the items are read.) Enter the alpha code corresponding to the two aspects of service the respondent considers most important in items 33a and 33b below and the codes for the two least important in 33c and 33d.

- A. The amount of time you have to wait to be served in the office.
- B. The courtesy of Social Security employees.
- C. The job knowledge of Social Security employees.
- D. The assistance Social Security employees provide (how helpful they are).
- E. The overall amount of time it takes Social Security to process a claim.
- F. The convenience of the Social Security office location.
- G. The hours that the Social Security office is open.
- H. The Social Security office itself (e.g., the physical appearance, privacy, etc.).

33a. _____ 33b. _____

33c. _____ 33d. _____

34. Are there any other aspects of our service that are important to you?

(Go to 35)

35. Do you have any suggestions about how Social Security could improve its service?

35a. What suggestions do you have? (Record comments below.)

Subject

- (Go to 36)

36. How would you rate Social Security's service compared to the service you get from other Federal, State, and local government agencies?

(Read the Rating Scale)

- A. Social Security is much better than others
- B. Social Security is somewhat better than others
- C. Social Security is about as good as others
- D. Social Security is somewhat worse than others
- E. Social Security is much worse than others
- F. Can't say, have had no contact with other government agencies

REMARKS

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